



## **Network Notification**

**Date:** May 2, 2016  
**To:** Kentucky Medicaid Health Partners  
**From:** Humana – CareSource  
**Subject:** Members' Rights and Responsibilities

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*This network notification is a revision to the [previous network notification](#) dated 2/04/16.*

Humana – CareSource members have rights as Medicaid members, including, but not limited to:

- i. To receive all services that Humana – CareSource must provide and receive them in a timely manner without communication or physical access barriers.
- ii. To choose a provider who gives a member care whenever possible and appropriate.
- iii. To choose a primary care provider (PCP) and to change his/her PCP to another PCP in Humana – CareSource's panel. When a member makes a PCP change, Humana – CareSource will send him/her written confirmation of his/her new PCP.
- iv. To obtain second opinions from qualified health care providers on Humana – CareSource's panel. If a qualified provider is not able to see the member, Humana – CareSource must set up a visit with a provider not on our panel.
- v. To receive timely referrals and access to medically indicated specialty care.
- vi. To receive information about his or her health. This information also may be available to someone a member has legally approved to possess the information or who the member indicated should be reached in an emergency when it is not in the best interest of the member's health to give it to him/her.
- vii. To ask questions and receive complete information relating to the member's medical condition and treatment options in a way that he/she understands. This includes information regarding specialty care.
- viii. To discuss information about appropriate or medically necessary treatment options for the member's condition regardless of cost or benefit coverage.
- ix. To take part in decisions about his or her health care, unless it is not in his/her best interest.
- x. To say no to treatment or therapy. If a member says no, the doctor or managed care plan (MCP) must talk to the member about what could happen and must document the talk about it in the member's medical record.
- xi. To be treated with respect, dignity, privacy, confidentiality and nondiscrimination.
- xii. To consent to or refuse treatment or active participation in decision choices.
- xiii. To be sure others cannot hear or see the member when receiving medical care.
- xiv. To be free from forms of restraint or seclusion used as a means of force, coercion, discipline, convenience, ease, retaliation or revenge as specified in federal regulations.
- xv. To receive services from a participating Indian Health Service, tribally operated facility/program and Urban Indian Clinic (I/T/U) or I/T/U primary care provider if a member is American Indian.
- xvi. To receive assistance with medical records in accordance with applicable federal and state laws.
- xvii. To be sure that the medical record information is kept private.

- xviii. To ask for and receive one free copy of his/her medical records and be able to ask that the record be changed/corrected, if needed. Additional copies shall be made available to members at cost.
- xix. To be able to say yes or no to having information about himself or herself given out, unless Humana – CareSource must provide it by law.
- xx. To receive all Humana – CareSource written member information:
- At no cost to the member;
  - In the prevalent non-English languages of members in the Humana – CareSource service area;
  - In other ways, to help with the special needs of members who have trouble reading the information.
- xxi. To receive help free of charge from Humana – CareSource and our providers if the member does not speak English or needs help in understanding information.
- xxii. To obtain help with sign language if the member is hearing impaired.
- xxiii. To be told if the health care provider is a student and to reserve the right to refuse his/her care.
- xxiv. To be told of experimental care and to reserve the right to refuse to be part of the care.
- xxv. To know that Humana – CareSource must follow all federal and state laws, and other laws about privacy that apply.
- xxvi. To receive women's health services from a female health provider in Humana – CareSource's network.
- xxvii. To access the grievance process and have a channel to voice grievances about Humana – CareSource or the care he or she receives, and obtain assistance in filing an appeal and receive a state fair hearing from the Humana – CareSource and/or the Kentucky Department of Medicaid Services (KDMS).
- xxviii. To prepare advance medical directives, including living wills or durable powers of attorney for health care.
- xxix. To contact the U.S. Department of Health and Human Services Office of Civil Rights and/or the Bureau of Civil Rights at the following address with complaints of discrimination based on race, color, religion, sex, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status or need for health services:
- Office of Civil Rights  
U.S. Department of Health and Human Services  
Sam Nunn Atlanta Federal Center  
61 Forsyth St. S.W.  
Suite 16T70  
Atlanta, GA 30303-8909  
1-800-368-1019  
Fax: 1-404-562-7881  
TDD: 1-800-537-7697**
- xxx. To receive information about Humana – CareSource, our services, our practitioners and providers and members' rights and responsibilities.
- xxxi. To make recommendations regarding Humana – CareSource's members' rights and responsibility policy.
- xxxii. To be free to carry out his/her rights and know that Humana – CareSource or our providers will not hold this against the member.

Humana – CareSource may not discriminate on the basis of race, color, religion, gender, sexual orientation, age, disability, national origin, veteran's status, ancestry, health status or need for health services in the receipt of health services.

Members of Humana – CareSource also are informed of the following responsibilities:

- a. To become informed about members' rights and responsibilities.

- b. To abide by Humana – CareSource and the department's policies and procedures.
- c. To become informed about service and treatment options.
- d. To actively participate in personal health and care decisions and practice healthy lifestyles.
- e. To understand as much as possible about his/her health issues and take part in reaching goals agreed upon with his/her health care provider.
- f. To report suspected fraud and abuse.
- g. To use approved providers only.
- h. To keep scheduled doctor appointments and be on time. If the member has to cancel, he or she is requested to call 24 hours in advance.
- i. To follow the advice and instructions for care agreed upon with his/her doctors and other health care providers.
- j. To always carry a member ID card and present it when receiving services.
- k. To never let anyone else use the member's Humana – CareSource ID card.
- l. To notify Humana – CareSource and the Department of Community Based Services of a change in phone number or address.
- m. To contact his/her PCP after going to an urgent care center or after receiving medical care outside of Humana – CareSource's covered counties or service area.
- n. To let Humana – CareSource and the Department of Community Based Services know if the member has other health insurance coverage.
- o. To provide the information that Humana – CareSource and the member's health care providers need in order to provide care for the member.

For more information regarding members' rights and responsibilities, please review our provider manual at <https://www.caresource.com/providers/kentucky/medicaid/plan-resources/provider-manual/>.